

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: **Name Change**

In the Matter of the Application of:

First Middle Last

For a change of name to:

First Middle Last**Inmate Affidavit for
Name Change
(Minn. Stat. § 259.12)**

I, _____, the applicant in this matter, make the following statement under oath:

- ☐ I am currently an inmate confined in a correctional facility, as defined in section 241.021, subdivision 1, clause (5).
- ☐ I have not at any time during my confinement requested a name change under section 259.10, other than this request.
- ☐ The reason I am seeking a name change is: _____

- ☐ I request the court to issue its Order Granting Name Change.

Dated: _____

Sworn/affirmed before me

Date: _____.

Notary Public \ Deputy Court Administrator_____
Signature (Sign only in front of notary public or court administrator.)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____